

LR513/LB239 PCMH Working Group

August 30, 2013 meeting DRAFT minutes

In attendance:

Senator Gloor

Senator Sue Crawford

Joe Miller, Plum Creek Clinic, Lexington, NE

David Palm, DHHS, Division of Public Health

Jeremiah Blake, Governor's Policy Research Office

Don Darst, M.D.

Brad Brabeck, M.D.

Scott Jansen

Andy Pollick, United Health Care

Judy Martin, NDHHS, Division of Public Health

Dr. Bob Rauner, Healthy Lincoln

Dr. David Filipi, Blue Cross Blue Shield NE

Margaret Kohl, Staff, Senator Mike Gloor

Roger Keetle, Staff, Senator John Wightman

Ann Frohman, NMA

Jina Ragland, NMA

Eric Dunning, Nebraska Department of Insurance

Mary McConville, CoOpportunity Health

Margaret Brockman, NDHHS, Ofc of Rural Health

By phone:

Dr. Deb Esser, Coventry

Dr. Ken Schaefer, Kearney Clinic

Corina Suiter, Arbor Health

Timoree Klingler, Nebraska Hospital Association

Patrick McVea, HCAN

A. Welcome: Senator Gloor welcomed and the group and lead the introductions.

B. Senator Gloor recited the antitrust guidelines that have been established for the group as to what is appropriate to discuss.

C. Margaret Kohl reviewed the draft working documents for agreement that was distributed by email this morning. The amended document is attached as exhibit 1 and is presented in bill format-language removed from the prior draft is shown with a strike through font, and new language is underlined.

Discussion: Dr. Darst asked if the striking of the language “enhanced fee for service” was intended to remove this type of payment from consideration.

Senator Gloor responded that the listed types of payment options was not intended to be exclusive and were examples. Fee for service, if negotiated by the parties could be an option under this category.

Andy Pollick stated that he appreciated the changes that had been made and he was waiting for feedback from United Healthcare, his client. He hope that the feedback would be forthcoming in perhaps the next week.

Ken Schaffer suggested that perhaps an other level, Level III should be added to the payment Tiers. Under level III physicians would accept risk or “share the risk” with insurers. Senator Gloor

suggested that this concept be discussed at the next meeting.

Dr Esser suggested that URAC certification also be included under the Recognition/Standards accepted section of the draft. No objections were expressed and the change will be incorporated.

Senator Gloor asked for feedback concerning the addition of a reporting requirement to the Banking Commerce and Insurance Committee as a part of the agreement. Dr. Esser stated that the current report to the DHHS under the Medicaid pilot could be shared. Senator Gloor expressed his intent to keep any reporting simple and piggyback on the current Medicaid report. Dr. Rauner suggested the following data elements:

- Number of physicians in the program,
- Number of clinics; and
- Number of covered lives.

Discussion followed on the subject of reporting clinical measures. Dr. Miller spoke in favor of reporting on the quality measures used and reporting the success in improving quality of care. Senator Gloor expressed a concern that such reporting would be a burden at this time and should be a next step.

Senator Gloor will proceed with a revised draft for discussion at the next meeting which will include anti-trust protection language.

Agenda item, D Pediatric outcome measures, was discussed. After discussion Dr. Rauner was charged to expose the draft to further comment and bring it back to the next meeting.

Agenda item E was discussed. The input provided by the state benefit administrators of the States of Oregon and Arkansas to the Nebraska state employees benefit administrators was very informative and helpful.

Margaret Kohl reported that the site visit by NASHP is scheduled. Small group visits are planned for November 6, 2012 and a meeting with of all the stakeholders is planned for November 7, 2012. In addition she reported that it was decided to begin to provide educational materials to self funded employers about the benefits of the PCMH model of care. Additional information will be sent by email to all stakeholders.

Item G. Other updates: A Learning Collaborative will be established at the Nebraska Medical Association using the NMA web site and in cooperation with the Office of Rural Health. An upcoming NMA and NAFP conference will discuss the PCMH model of care. David Palm reported that the Rural Health Association Meeting on September 18th and 19th will also address the changes occurring in primary care delivery. Stakeholders were invited to attend.

Senator Gloor reported the LR 22 Interim Study work group meeting with be September 13 with a larger meeting of stakeholders on October 2nd at the UNMC campus.

Next date: An email will be sent to stakeholders to survey the members for the best date for convening the next meeting.

The Meeting was adjourned.